

EXHIBIT 15

SENDER: COMPLETE THIS SECTION	
<p>■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	
<p>1. Article Addressed to:</p> <p><i>Clerk of the Court 14A-2 District Court 415 W. Michigan Ave. Ypsilanti, MI 48197</i></p> <p>9590 9402 5488 9249 1447 94</p> <p><i>7018 3090 0001 1816 1954</i></p>	
<p>2. Article Number (Transfer from service label)</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <small>(Insured Mail Restricted Delivery over \$500)</small></p>	
<p>A. Signature <i>Julie Binder</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Julie Binder</i> C. Date of Delivery <i>8/10/20</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, July 2015 PGN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	